Approved, SCAO OSM CODE: ACC STATE OF MICHIGAN FILE NO. **ACCOUNT OF FIDUCIARY PROBATE COURT** COUNTY ☐Final ☐Interim \_ Annual Number **CIRCUIT COURT - FAMILY DIVISION** Estate of \_\_\_\_\_ , am the  $_{\overline{}}$ of the estate and submit the following as my account, which covers the period from  $\frac{}{Date}$ \_\_\_\_\_\_ . This account contains a correct statement of all income and disbursements which have come to my knowledge. 2. SUMMARY Total assets accounted for ......\$ \_\_\_\_\_\_ If additional sheets are required for Schedules A or B, place all itemization on those sheets and include only category totals on these schedules. SCHEDULE B: Expenses and other disbursements, SCHEDIII E A: Income in this accounting period

SCHEDOLE A. Income in this accounting period		including distributions to devisees and beneficiaries		
		-		
Net gain, if any, from Schedule C		Net loss, if any, from Schedule C		
Total Income		Total Expenses and Disbursements		

SEE SECOND PAGE

Do not write below this line - For court use only

SCH			disposition of assets	(use only if needed)		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	VALUE AT TIME ACQUIRED BY FIDUCIARY	NET SALES PRICE	GAIN (LOSS)	
TOTAL GAIN (LOSS) If gain, transfer to Schedule A; i	f loss, transfter to Sc	hedule B.				
SCI			maining at end of acco			
	ii additional sheets	are required, indica	ate on deficulte dec attach	ica silects .		
BALANCE OF ASSETS RE	EMAINING (show	this amount on su	mmary)			
The interested persons, ad except as follows:	dresses, and thei	representatives	s are identical to those a	ppearing on the initial	application/petition	
4. This account lists all incom 5 a. No Michigan estate	tax or inheritance	tax is due.	_		e to my knowledge.	
<ul><li>b. Michigan estate tax</li><li>This account is not beir</li></ul>			has been paid in full.	(evidence of full paym Department of Treasu		
		od are \$	. Attached is a written description of the services			
		. Attached is a written description of the services				
I declare under the penalties o information, knowledge, and be		account has bee	en examined by me and	that its contents are t	rue to the best of my	
,			Date			
ttorney signature			Fiduciary signature			
Attorney name (type or print)	torney name (type or print)  Bar no.		Fiduciary name (type or print)			
Address			Address			
City, state, zip		Telephone no.	City, state, zip		Telephone no	
For accounts that must be filed w	rith the court.	OTICE TO INTER	RESTEDPERSONS			

- 1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
- 2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- 3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310(C))
- 4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- 5. You must serve the objection on the fiduciary or his/her attorney.